

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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48		I								
49	I									
50		I								
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS